LATE DROP/WITHDRAWAL PETITION

NAME: ___________________________________________ STUDENT ID# ____________________________
PHONE: __________________ EMAIL: ___________________________________________________________
MAJOR: __________________________
COURSE SUBJECT AND NUMBER: _______________
COURSE TITLE: ____________________________________________________________
SEMESTER: ___________________________ YEAR: ___________
INSTRUCTOR: ____________________________
REASON FOR LATE DROP/WITHDRAWAL REQUEST (BE SPECIFIC):
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

ACADEMIC ADVISOR’S SIGNATURE: ___________________________ DATE: ______________

PETITION APPROVED TO: _______ Drop Course(s) _______ Withdraw from Course(s)

PETITION DENIED TO: _______ Drop Course(s) _______ Withdraw from Course(s)

ASSOCIATE DEAN’S SIGNATURE: ___________________________ DATE: ______________

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PLEASE RETURN COMPLETED FORM TO NU-Q STUDENT RECORDS OFFICE,
CMU-Q BUILDING, ROOM 3091
studentrecords@qatar.northwestern.edu